

UNITED STATES GOVERNMENT INTERAGENCY AGREEMENT (IAA)

Agreement Between Federal Agencies

Order Requirements and Funding Information (Order) Section



BUREAU OF THE

Fiscal Service

LEAD. TRANSFORM. DELIVER.

IAA Number FY19-GSA-FOIA 0000 Servicing Agency's Agreement
GT&C # Order # Amendment # / Mod # Tracking Number (Optional) _____

PRIMARY ORGANIZATION /OFFICE INFORMATION

24.	Requesting Agency	Servicing Agency
Primary Organization / Office Name	General Services Administration/ Office of Administrative Services	Environmental Protection Agency
Responsible Organization / Office Address	1800 F St., NW Washington, DC 20405	1200 Pennsylvania Ave., NW Washington, DC 20406

ORDER REQUIREMENTS INFORMATION

25. Order Action (Check One)

☒ **New**

☐ **Modification (Mod)** - List affected Order blocks being changed and explain the changes being made.
For Example: for a performance period mod, state the new performance period for this Order in Block 27.
Fill out the Funding Modification Summary by Line (Block 26) if the mod involves adding, deleting, or changing Funding for an Order Line.

☐ **Cancellation** - Provide a brief explanation for Order cancellation and fill in the Performance Period End Date for the effective cancellation date.

26. Funding Modification Summary by Line	Line #	Line #	Line #	Total of All Other Lines (attach funding details)	Total
Original Line Funding	\$0.00				\$0.00
Cumulative Funding Changes From Prior Mods [addition (+) or reduction (-)]					\$0.00
Funding Change for This Mod					\$0.00
TOTAL Modified Obligation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Advance Amount (-)					\$0.00
Net Modified Amount Due	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

27. Performance Period

For a performance period mod, insert the start and end dates that reflect the new performance period.

Start Date

10/01/2018
MM-DD-YYYY

End Date

09/30/2019
MM-DD-YYYY

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28. Order Line / Funding Information													Line Number			
Requesting Agency Funding Information													Servicing Agency Funding Information			
ALC		47000016											68010727			
Component	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB
TAS (required by 10/1/2014)			047			X	4540	001			068	2016	2017		0108	000
and/or current TAS format			47X4540.001						6816/170108							
BETC			DISB						COLL							
Object Class Code (Optional)																
BPN			128111585						131489218							
BPN + 4 (Optional)																
Additional Accounting Classification / Information (Optional)			2019-G-00-262X-CSD1-S00ICC0 0-ICC - Corporate Support Pegsys Document: GX0013177													
Requesting Agency Funding Expiration Date									Requesting Agency Funding Cancellation Date							
MM-DD-YYYY No year funds									MM-DD-YYYY No year funds							
Project Number & Title GSA's FY19 contribution to FOIA Online agreement with EPA.																
Description of Products and/or Service, including the Bona Fide Need for this Order (State or attach a description of products/services, including the Bona Fide need for this Order.) See attached MOA.																
North American Industry Classification System (NCAIS) Number (Optional)																
Breakdown of Reimbursable Line Costs and/or Breakdown of Assisted Acquisition Line Cost:																
Unit of Measure								Contract Cost								
Quantity		Unit Price		Total		Servicing Fees										
1		\$66,765.00		\$66,765.00		Total Obligated Cost		\$0.00								
Overhead Fees and Charges						Advance for Line (-)										
Total Line Amount Obligated				\$66,765.00		Net Total Cost				\$0.00						
Advance Line Amount (-)						Assisted Acquisition Servicing Fees Explanation										
Net Line Amount Due				\$66,765.00												
Type of Service Requirements																
<input checked="" type="radio"/> Severable Service <input type="radio"/> Non-Severable Service <input type="radio"/> Not Applicable																

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29. Advance Information (Complete Block 29 if the Advance Payment for Products/Services was checked "Yes" on the GT&C)

Total Advance Amount for the Order _____ [All Order Line Advance amounts (Block 28) must sum to this total.]

Revenue Recognition Methodology (according to SFFAS 7) (Identify the Revenue Recognition Methodology that will be used to account for the Requesting Agency's expense and the Servicing Agency's revenue.)

☐ Straight-Line — Provide amount to be accrued _____ and Number of Months _____

☐ Accrual Per Work Completed — Identify the accounting post period:

☐ Monthly per work completed & invoiced

☐ Other — Explain other regular period (bimonthly, quarterly, etc.) for posting accruals and how the accrual amounts will be communicated if other than billed.

30. Total Net Order Amount: \$66,765.00

[All Order Line Net Amounts Due for reimbursable agreements and Net Total Costs for Assisted Acquisition Agreements (Block 28) must sum to this total]

31. Attachments (State or list attachments)

☐ Key Project and/or acquisition milestones (Optional except for Assisted Acquisition Agreements)

☒ Other Attachments (Optional)

See attached MOA.

BILLING AND PAYMENT INFORMATION

32. Payment Method (Check One) [Intra-governmental Payment and Collection (IPAC) is the Preferred Method.]

☐ Requesting Agency Initiated IPAC

☒ Servicing Agency Initiated IPAC

☐ Credit Card

☐ Other — Explain other payment method and reasoning: _____

33. Billing Frequency (Check One)

[An Invoice must be submitted by the Servicing Agency and accepted by the Requesting Agency BEFORE funds are reimbursed (i.e., via IPAC transaction)]

☐ Monthly ☒ Quarterly ☐ Other Billing Frequency (include explanation): _____

34. Payment Terms (Check One)

☐ 7 Days ☒ Other Payment Terms (include explanation): Immediately, upon IPAC transmission

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35. Funding Clauses / Instructions (Optional) (State and/or list funding clauses/instructions)
Subject to the Availability of Funds

36. Delivery / Shipping Information for Products (Optional)

Agency Name	
Point of Contact (POC) Name & Title	
POC Email Address	
Delivery Address / Room Number	
POC Telephone Number	
Special Shipping Information	

APPROVALS AND CONTACT INFORMATION

37. Program Officials

The Program Officials, as identified by the Requesting Agency and Servicing Agency, must ensure that the scope of work is properly defined and can be fulfilled for this Order. The Program Official may or may not be the Contracting Officer depending on each agency's IAA business process.

	Requesting Agency	Servicing Agency
Name	Beth Killoran	Rebecca Moser
Title	Deputy Chief Information Officer	Director, OEIP
Telephone Number	(202) 501-1000	(202) 566-0252
Fax Number		(202) 566-1624
Email Address	beth.killoran@gsa.gov	moser.rebecca@epa.gov
SIGNATURE		
Date Signed	e-Signed by Beth Anne Killoran on 2019-05-16	

38. Funding Officials — The Funds Approving Officials, as identified by the Requesting Agency and Servicing Agency, certify that the funds **are accurately** cited and can be properly accounted for per the purposes set forth in the Order. The Requesting Agency Funding Official signs to obligate funds. The Servicing Agency Funding Official signs to start the work, and to bill, collect, and properly account for funds from the Requesting Agency, in accordance with the agreement.

	Requesting Agency	Servicing Agency
Name	Abigail Allen	Francis Roth
Title	Supervisory Budget Analyst	EPA Awarding Official
Telephone Number	(202) 826-7634	(202) 564-5311
Fax Number		(202) 565-2467
Email Address	abigail.allen@gsa.gov	roth.francis@epa.gov
SIGNATURE		
Date Signed		

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CONTACT INFORMATION

39. FINANCE OFFICE Points of Contact (POCs)

	Requesting Agency (Payment Office)	Servicing Agency (Billing Office)
Name	USDA-OCFO	Michele Conner
Title	Financial Information & Operations Division	Accountant
Office Address	P.O. Box 419279 Kansas City, MO 64108	26 W. Martin Luther King Dr. Cincinnati, OH 45288
Telephone Number	1-800-676-3690	(513) 487-2082
Fax Number		(513) 487-2063
Email Address	KC-Accts-Payable.Finance@gsa.gov	conner.michele@epa.gov
Signature & Date (Optional)		

40. ADDITIONAL Points of Contact (POCs) (as determined by each Agency)

This may include CONTRACTING Office Points of Contact (POCs).

	Requesting Agency	Servicing Agency
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		